

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts			FOR COURT USE ONLY		
TRANSCRIPT ORDER					DUE DATE:		
<i>Please Read Instructions:</i>							
1. NAME		2. PHONE NUMBER		3. DATE			
Daniel J. Divis, Esquire		(215) 790-8400		07/16/2014			
4. MAILING ADDRESS		5. CITY		6. STATE			
121 S. Broad Street Suite 1400		Philadelphia		PA			
7. ZIP CODE							
19107		8. CASE NUMBER		9. JUDGE		DATES OF PROCEEDINGS	
1:13-md-2419		Rya W. Zobel		10. FROM 05/13/2014		11. TO N/A	
12. CASE NAME		13. CITY		14. STATE		LOCATION OF PROCEEDINGS	
New England Compounding Pharmacy MDL		Boston		MA			
15. ORDER FOR							
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input checked="" type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				Status Conference of			
<input type="checkbox"/> BAIL HEARING				May 13, 2014			
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00	
18. SIGNATURE		PROCESSED BY					
19. DATE		PHONE NUMBER					
07/16/2014							
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00	

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UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

IN RE: NEW ENGLAND)
COMPOUNDING PHARMACY, INC.)
PRODUCTS LIABILITY LITIGATION) MDL No. 1:13-md-2419-FDS
)
This Document Relates To:)
)

WILLIAM LEWIS and NANCY LEWIS,)
H/W)
)
v.)
)
NEW ENGLAND COMPOUNDING)
PHARMACY, INC.,) MDL No. 1:14-cv-10433-RWZ
AMERIDOSE, LLC,)
ALAUNUS PHARMACEUTICAL, LLC,)
NAZARETH HOSPITAL,)
MERCY HEALTH SYSTEM,)
WILLIAM A. ANDERSON, M.D., and)
THE ROTHMAN INSTITUTE a/k/a) JURY TRIAL DEMANDED
And/or d/b/a THE ROTHMAN)
INSTITUTE AT NAZARETH HOSPITAL)

CERTIFICATE OF SERVICE

I, Daniel J. Divis, Esquire do hereby certify that I caused one (1) copy of the within Answer and Affirmative Defenses to Plaintiffs' Complaint of Defendants Nazareth Hospital and Mercy Health System of Southeastern Pennsylvania, to be served this day by electronic mail or United States First Class Mail, postage prepaid, upon all other counsel of record or unrepresented parties.

GEROLAMO, McNULTY, DIVIS & LEWBART

BY: Daniel J. Divis

FRANK A. GEROLAMO,
DANIEL J. DIVIS
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Philadelphia, PA 19107
(215) 790-8400

Attorneys for Defendants,
Nazareth Hospital and
Mercy Health System of Southeastern PA.

Dated: 7/16/14